

Royal Mencap Society

Rochdale Area B

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rochdale Area B is part of Mencap, which is a national charity that supports adults with a learning disability or Autism. Rochdale Area B is a scheme that has a number of shared houses where people have joint tenancies but are supported by staff that are available 24 hours a day. They also support people in their own homes. 70 people currently use the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Safeguarding policies, procedures and staff training helped protect people from harm. The administration of medicines was safe. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were trained in equality and diversity and respected people's choices. Where people wanted, they could maintain their relationships. People were treated as individuals which helped protect their dignity. People told us staff were kind and caring.

We saw that people were encouraged to attend meaningful activities. There were excellent opportunities for people to be involved in health promotion and ensure visits to hospitals were improved. Plans of care were regularly reviewed and any concerns were acted upon. The provider responded to people's needs by exploring and providing access to work, building relationships, getting better care in hospital and improving

fitness through involvement in sports. Staff training enabled them to care for people at the end of their lives.

The registered managers attended meetings to discuss best practice topics and liaise with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service, staff and relatives were able to air their views about how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 24/08/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Rochdale Area B

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 27 February 2020. We visited the office location on both days.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Rochdale for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not have any concerns and the local authority comments were positive. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered managers, an administrator and five care staff of differing grades. We reviewed some records. This included two people's care records. We looked at three staff files in relation to recruitment. We looked at a variety of records related to management, including quality assurance audits and records of people's views of the service. We observed staff interaction with the people they cared for.

After the inspection

We continued to see clarification from the provider to validate evidence found. We looked at documents which showed how the service were supporting people to form relationships, improving people's care and experience in hospital, being involved in national training of people with a learning disability and involving people to get active in sports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse remained effective. People told us they felt safe.
- Staff were trained in safeguarding vulnerable people. Staff told us they were aware of the whistle blowing policy and would report any poor practice.
- The provider used local authority policies and procedures to report possible abuse and liaised with them to help keep people safe.

Assessing risk, safety monitoring and management

- Any risks to people were monitored and acted upon when required. We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. There were also risk assessments for any hazards in the environment such as slips, trips and unsafe equipment to help protect the health and welfare of people who used the service.
- Each person accommodated in supported living had a tenancy agreement and whichever organisation owned the property was responsible for the upkeep. We saw a hoist had been quickly repaired when it had failed and all the properties we visited were in good order.

Staffing and recruitment

- The recruitment of staff remained robust because all necessary checks were undertaken. People were involved in staff recruitment and told us, "We are paid to interview new staff. We ask if they are reliable, on time and if they can sleep over. We try to match staff to people who use the service. We love doing this job and go all over to help interview. If we don't like them, they will not employ the person."
- People and staff told us there were enough staff to meet people's needs.

Using medicines safely

- The administration of medicines remained safe. Staff who administered medicines had received training in medicines administration. Staff had their competency checked to ensure their practice remained safe.
- We checked several medicines administration records and found there were no gaps or errors. There were systems for ordering, storage and disposal of medicines. 'As required' medicines gave clear details of what the medicines were for and how often they could be given to prevent errors.

Preventing and controlling infection

- Staff were trained in the prevention and control of infection. Staff were able to provide advice on the prevention and control of infection to people who lived in their own homes.
- The supported homes we visited were clean and tidy. People were encouraged to assist with keeping their

homes clean and tidy to promote independent living.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs, and choices were assessed by staff. Staff assessed the needs of each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw protected characteristics were incorporated into the assessments and where required were acted upon. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice or maintain relationships they had prior to using the service.

Staff support: induction, training, skills and experience

- Staff were given support and training to meet people's needs. All staff received an induction when they commenced employment to ensure they were aware of the facilities and services offered. Staff were enrolled on the care certificate, which is a recognised induction program. Staff were encouraged to complete a course in health and social care such as a diploma.
- Staff received regular training and refresher training. They told us they received regular supervision where they could discuss their careers or personal lives.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in their own homes by staff who had been trained in nutrition and safe food hygiene to ensure they received good nutrition and hydration. Staff knew the likes and dislikes of people with any communication needs to ensure people had the choices they wanted.
- People had access to professionals, such as speech and language therapists and dieticians for any advice or treatment required around any specific needs.
- People were encouraged to be independent and make their own drinks and snacks if they could do so safely. People also helped to plan their menu and shop for their food.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- The registered managers worked with a range of health and social care professionals to provide consistent and effective care in a timely manner. This included learning disability professionals.
- Each person had a health care plan and were supported to attend appointments to ensure their health care needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed.
- The correct procedures for applying for DoLS had been followed. Conditions on authorisations were being met.
- Best interest meetings were held to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity was respected. People were able to follow their religion of choice, staff were matched to any characteristics a person may have and supported to engage in activities relevant to their sexuality within the LGBTQ+ society. This organisation delivers advice, support and information services to lesbian, gay, bisexual and transsexual communities.
- People thought they were well cared for and made comments such as, "All the staff are brilliant and support us in what we do" and "I enjoy living here. I have a good laugh with the staff. If you cannot have a laugh you may as well chuck everything in."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. Staff were trained in equality and diversity which enabled them to care for each person as an individual.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views at meetings and by completing surveys about their care. People were also involved in their plans of care where possible. The registered managers responded to people's views and any actions taken including arranging holidays or activities people wanted to attend.
- Plans of care recorded each person's personal preferences and preferred daily routine. This informed staff of how a person liked to be supported and ensured they received care in a manner acceptable to them.
- People were confident to express their views and told us they could make choices about their care or activities they were involved in.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted. Plans of care informed staff what a person could do for themselves or where they needed support. Staff were taught how to preserve privacy and dignity.
- People were encouraged to do things for themselves and we saw people making their own drinks or choosing where to go for the day. One person told us how they had made decisions which their family had previously made, which helped promote their independence.
- Staff received training about confidentiality, and we saw all records were stored securely.
- People were encouraged to maintain their relationships with family and friends. Some people told us they were in relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good with some outstanding characteristics. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- When discussing their preferences people had expressed a desire to meet other people in the hope of forming intimate relationships or friendships. As a result, the provider developed an agency that enabled people with a learning disability to date and form relationships within a safe environment. The clearly delighted people who said they had formed relationships and comments included, "I now have a girlfriend who comes here to visit me. I had a Valentine's meal with my girlfriend. Staff helped me make it romantic."
- People's equality characteristics were assessed and included in each person's care plan to ensure they received care and support tailored to their individual needs.
- The registered manager and senior staff audited the plans to ensure they remained effective and updated to reflect people's care and support needs.
- We saw the service had received complimentary comments from another organisation for the way the service had helped two people with a learning disability move to a more suitable environment in a planned way. This had avoided any upset or disruption to their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a format suitable to each individual. There were easy read documents, the use of technology and pictures to aid communication. People told us that the service had helped them to gain in confidence in communicating with a range of people within the community. So much so that they were able to speak to us without feeling they needed a support worker with them and told us they were much more confident in meeting new people.
- One excellent program that the provider developed included creating a video where people using the service told health care workers how they could better support people and another easy read signage in hospital for people with a learning disability.
- People had gained in confidence and self esteem to the extent they could take on paid employment. People told us they were involved in meetings with health officials and gave talks about the care of people with Autism and LD. This included the 'Treat me well' campaign, looking at better communication documents, simpler and better hospital passports and easy read signs for people to follow in health care

settings.

- People were proud that they had been involved in teaching health care staff about people with a learning disability and their support needs. People said, "We work to ensure people are treated well in hospitals, "We get better information from doctors so are treated with respect", "People do not always need care staff when they go to hospital. Hospital staff do not always realise we can speak for ourselves" and "We liaise with NHS disability nurses with their campaigns and help them teach what LD means and what we need."
- People received an information pack which informed people of all aspects of using the service including person centred care, financial support and keeping safe.
- A staff member had received specialised training to aid non-verbal communication. People had a communication plan which was shared when necessary with other organisations.
- Staff were trained to recognise body language and how to respond positively to behaviours that challenge. People who required one had a behaviour support plan which showed what response staff should take for certain actions, such as how a person may present if in pain.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively supported to maintain or develop relationships. People were offered safe relationship and sexual health guidance to ensure risks were managed appropriately.
- The service positively encouraged (and paid) people to take part in events and campaign for better rights and care for people in health and social care settings. Two people we spoke with were proud of their achievements in the campaign and told us, "We are captains for the treat me well campaign. We have also been involved in developing a poster to inform staff about people with a learning disability."
- We saw the provider asked people about what activities people wanted and helped them achieve their goals. This included helping people find employment.
- Healthy living was encouraged through activities. People were supported to join fitness and weight loss organisations. Another positive incentive was the round the world challenge sports programme. Each exercise a person completed moved them around a virtual world.

Improving care quality in response to complaints or concerns

- The registered managers responded to any concerns raised.
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.

End of life care and support

- People received care and support at the end of their lives. Staff had completed end of life training and could offer care and support for people, which was specialised for people who used the service, other staff and families in times of bereavement.
- Some people had completed advanced care plans and recorded their end of life choices to ensure their wishes were followed should they deteriorate. Some people preferred not to complete the documents.
- The service had contacts with external professionals who would support the service should a person require end of life care, including pain relief.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was open, inclusive and empowering. People were encouraged to meet in groups to discuss safe relationships, activities, lifestyle choices and the promotion of better care. People told us managers were supportive and available.
- The managers attended all induction training programs to introduce themselves and help people understand the management system. Staff told us, "It is a very caring organisation. The support is very good from managers. They are kind, supportive and fountains of knowledge" and "The managers are very supportive, you can email or talk to them. They are there if you need them. There is a good team which is what keeps me working here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. It is a requirement the provider displays the rating from the last CQC inspection. We saw the rating was displayed on the provider website and in the office.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers were clear about their role, understood quality assurance and risks. We saw that various grades of staff conducted audits to maintain and improve the service, which were overseen by the registered managers.
- Staff were positive about the provider and working at the service and understood the management systems.
- The CQC had received notifications that providers must send to us in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged and involved people, staff and others in the running of the service. Staff told us they felt valued and had opportunities to put forward ideas for improving the service. People and family members were given the chance to have a say in how they wanted the service to operate at meetings and through survey forms.
- Staff were trained in equality and diversity to fully meet people's individual needs.

Continuous learning and improving care Working in partnership with others

- The registered manager liaised with other organisations and professionals to improve care and worked in partnership with others, including Skills for Care and learning disability specialists. The overarching organisation (Mencap) provided many updates and documents for the service to use.
- There were handover meetings for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service. Staff told us they were kept up to date with any changes.